



## **“Essentials for Data Quality”**

**Data Quality Management Control Program  
TRICARE Data Quality Course**

**March 2011**



# Course Topics

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- **Ambulatory Data Module (ADM)**
  - A Sub-System of CHCS
- **Visit Workload vs Encounter Services**
- **ADM and AHTLA Processes**
- **Coding Table Update Coordination**
- **Data Flows, Compliance and Errors! Oh My!**



- **“Tune-Up” Your Data !! And Performance**



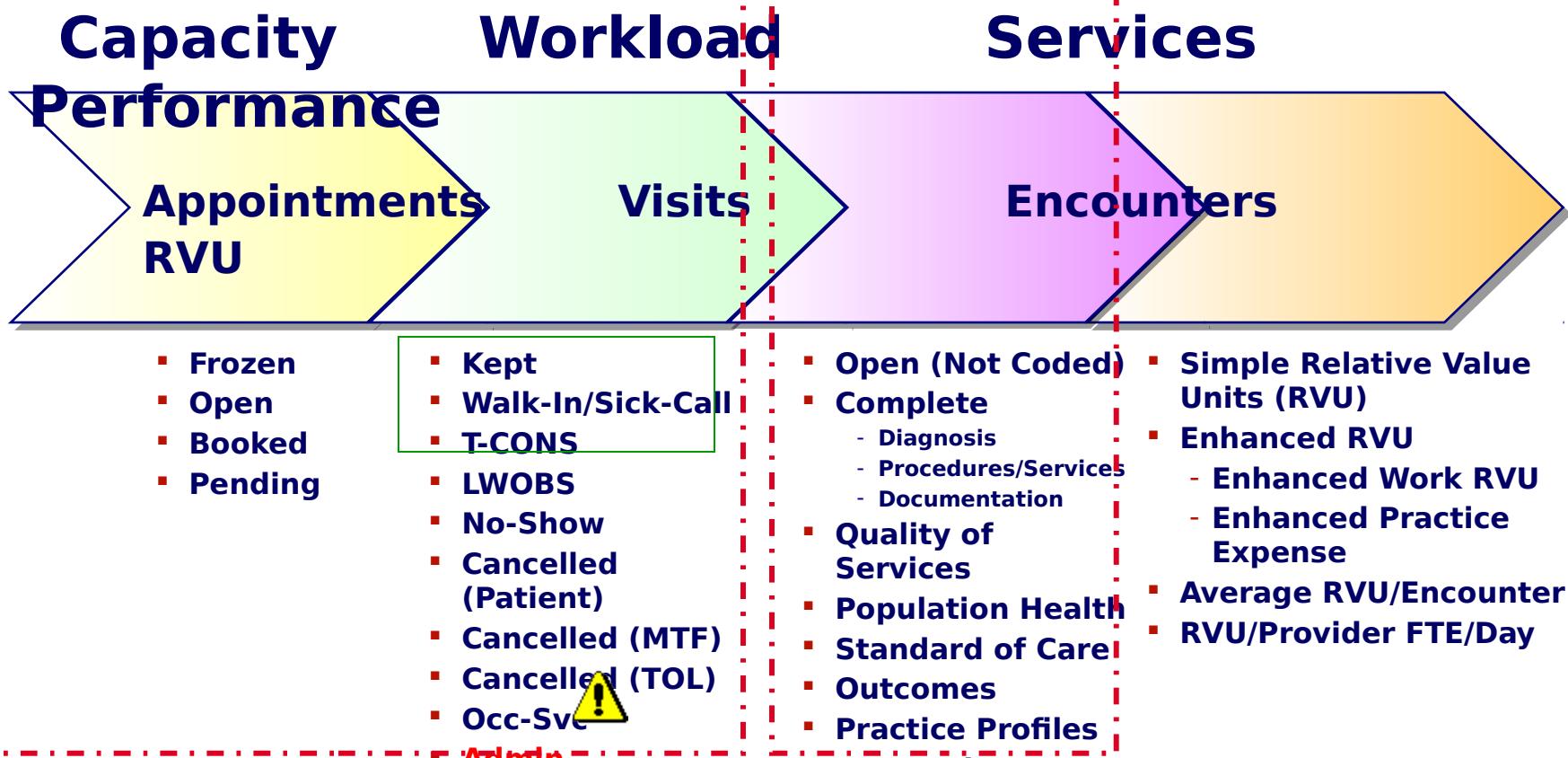
# Objectives

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- Recognize the increasing pressure to access, to analyze and to utilize various data sources to measure health care related services, quality, costs, performance, research and outcomes.
- Focus on the practical skills needed to "Transform Data Into Action", utilizing clinical data from CHCS ADM (or M2)
- Outline business rules and analysis techniques that can be applied to the data to identify the consistency of underlying clinical processes, performance trends and various data capture/quality issues.



# Capturing Clinical Services





# First There Was ...

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# The “Bubble” Sheet...



DO NOT WRITE IN THIS SPACE		DO NOT USE PENS THAT HAVE "BLEED THROUGH" INK			
OTHER DIAGNOSES		ICD Code #1	ICD Code #2		
Diagnosis:	Description	000-000-000-000-000	000-000-000-000-000		
Diagnosis:	Description	000-000-000-000-000	000-000-000-000-000		
Diagnosis:	Description	000-000-000-000-000	000-000-000-000-000		
OTHER PROCEDURES/EVALUATION & MGMT		CPT Code #1	CPT Code #2		
Procedure:	Description	000-000-000-000-000	000-000-000-000-000		
Procedure:	Description	000-000-000-000-000	000-000-000-000-000		
Procedure:	Description	000-000-000-000-000	000-000-000-000-000		
NEW PRIMARY PROVIDER		INSURANCE INFORMATION			
PROVIDER NUMBER		Do You Have HEALTH INSURANCE Other Than MEDICARE Or CHAMPS? <input type="checkbox"/> Yes <input type="checkbox"/> No			
B-00-B00-B00-B00-B00 0-00-00-00-00-00-00-00 2-00-200-200-200-200 3-00-300-300-300-300 0-00-00-00-00-00-00 1-00-100-100-100-100 0-00-00-00-00-00-00-00 2-00-200-200-200-200 0-00-00-00-00-00-00-00 0-00-00-00-00-00-00-00		Has Any Information Changed Since Your Last Visit? (If Yes, Please Make Changes) <input type="checkbox"/> Yes <input type="checkbox"/> No			
Insurance Company Name:		Phone No.:			
Insurance Company Address:					
Insurance ID No.:		Group No.:			
Subscriber's Name:		Patient's Relationship to Subscriber:			
ADDITIONAL PROVIDER		ADDRESS CHANGES/CORRECTIONS			
PROVIDER NUMBER		Name: _____ SSN: _____			
B-00-B00-B00-B00-B00 0-00-00-00-00-00-00-00 2-00-200-200-200-200 3-00-300-300-300-300 0-00-00-00-00-00-00 1-00-100-100-100-100 0-00-00-00-00-00-00-00 2-00-200-200-200-200 0-00-00-00-00-00-00-00 0-00-00-00-00-00-00-00		Address: _____			
PROVIDER ROLE		City: _____			
<input type="checkbox"/> Assisting Provider <input type="checkbox"/> Supervising Provider <input type="checkbox"/> Nurse <input type="checkbox"/> Para-Professional		State: _____ Zip: _____			
Patient Cat.: Other: _____					
Home Phone No.: (_____) _____					
Work Phone No.: (_____) _____					
Spousal Work Phone No.: (_____) _____					
ADDITIONAL PROVIDER		FOR OFFICIAL USE ONLY			
PROVIDER NUMBER		FMP	SPONSOR SOCIAL SECURITY NUMBER	TIME	DATE
B-00-B00-B00-B00-B00 0-00-00-00-00-00-00-00 2-00-200-200-200-200 3-00-300-300-300-300 0-00-00-00-00-00-00 1-00-100-100-100-100 0-00-00-00-00-00-00-00 2-00-200-200-200-200 0-00-00-00-00-00-00-00 0-00-00-00-00-00-00-00		000-000-000-000-000	000-000-000-000-000	000-000-000-000-000	000-000-000-000-000
PROVIDER ROLE		+	+	+	+
<input type="checkbox"/> Assisting Provider <input type="checkbox"/> Supervising Provider <input type="checkbox"/> Nurse <input type="checkbox"/> Para-Professional		000-000-000-000-000	000-000-000-000-000	000-000-000-000-000	000-000-000-000-000
FMP		000-000-000-000-000	000-000-000-000-000	000-000-000-000-000	000-000-000-000-000
SPONSOR SOCIAL SECURITY NUMBER		000-000-000-000-000	000-000-000-000-000	000-000-000-000-000	000-000-000-000-000
TIME		000-000-000-000-000	000-000-000-000-000	000-000-000-000-000	000-000-000-000-000
DATE		000-000-000-000-000	000-000-000-000-000	000-000-000-000-000	000-000-000-000-000
MO. DAY YR.		000-000-000-000-000	000-000-000-000-000	000-000-000-000-000	000-000-000-000-000



# And Now...

USER, TEST: Military Clinical Desktop - Encounters (Privacy Act of 1974/FOUO) - Training System

ALEXANDER, VIOLET W 20/2022-45-5743 45yo F Col DOB:25 Jan 1959

Date: 09 Nov 2004 0930 EST Status: In Progress MTF: CHCSII ITT Facility  
Primary Provider: USER, TEST Type: ACUT\$ Clinic: CHCSII ITT Clinic  
Patient Status: Outpatient

Reason for Appointment: cough & fever HTN followup  
Appointment Comments: middle age illnesses/permnopause

AutoCite... Refreshed by USER, TEST @ 02 Dec 2004 2306 EST

Problems	Active Family History	Allergies
• ESSENTIAL HYPERTENSION	No Active Family History Found.	No Allergies Found.
• METRORHAGIA		
• IRON DEFICIENCY ANEMIA		

Active Medications

AMLODIPINE (NORVASC) 5MG--PO 5MG TAB	Status	Sig	Refills Left	Last Filled
Active	QD	6 of 6	Not Recorded	
HCTZ (ESIDREX X/ORETIC)--PO 25MG TAB	Active	QD	6 of 6	Not Recorded
FERROUS SULFATE--PO 325MG TAB	Active	1 QD	6 of 6	Not Recorded

CPG Autocites

Hemoglobin A1c (Diabetes CPG) (Goal: <8)	6 Jun 2004 8.3 mg/dl	14 Apr 2004 8.9 mg/dl	21 Jan 2004 8.7 mg/dl
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Screening Written by USER, TEST @ 02 Dec 2004 2318 EST

Reason For Appointment: cough & fever

Vitals Written by USER, TEST @ 02 Dec 2004 2334 EST

BP: 122/66, HR: 72,

S/O

A/P Written by USER, TEST @ 03 Dec 2004 1027 EST

1. Patient Counseling: Adequate Calcium Counseling Complet

Laboratory(ies): HGB A1C (Routine); LIPID PAI

Reminders

- Adequate Calcium Counseling
- Anti-Tobacco Counseling
- Blood Pressure Screen
- Mammogram Screening
- Regular Activity Counseling
- Total Cholesterol Screen

USER, TEST in CHCSII Test Clinic at CHCSII ITT



# Visits vs Encounters

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- An “**ENCOUNTER**” captures services provided:
  - Reason for seeking care
  - Where the services were provided
  - Level of Medical Decision Making/Complexity
  - Clinical services provided
  - Identifies Staff (By Name) providing the services
    - Provider Seen
    - Clinical Specialty
    - Secondary Providers (Assisting, Supervising, Nursing, Para-Professional, etc.)
  - Both COUNT and NON-COUNT **Visits** are **Encounters**
- **DQMCRL Statement C. 9. a):**



# Encounter Data Elements

- **ICD-9 Coding - Why the Patient was seen?**
  - Chief Complaint and Diagnoses
- **CPT Coding - What was done to address the patient problem?**
  - Physician/Provider Services/Procedures that supports capture of RVU
  - Modifiers (explain additional details about the Service or Procedure)
  - Units of Service
- **HCPCS Coding - What additional services/supplies were provided?**
- **Evaluation & Management Coding (CPT Code):**
  - Setting
    - Office, Inpatient Professional Services (IPSR), Emergency Preventive Service, Inpatient/Outpatient Consults, etc.
  - Level of Services
    - Complexity (Minimal, Low, Moderate, or High)
  - Age Band
    - Preventive Services/Wellness





# Additional Details

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- **HIPAA standard data elements:**
  - Cause of Injury (and associated elements)
  - Geographic Location of Injury (Motor Vehicle Accidents)
  - Pregnancy Related (and associated elements)
  - HIPAA Provider Taxonomy
- **Secondary Providers**
- **Additional E&M Codes (up to 2 Additional E&M Codes)\***
- **Diagnosis Code Priority (Links Procedure to Dx 1, 2, 3 and/or 4)**
- **CPT Code Units of Service (per CPT Code)\***
- **CPT Code Modifiers (up to 3 - per CPT Code)\***
- **Military Unique ICD-9 Codes (ICD-9 Code Extenders)**
  - V70.5 4 PRE-DEPLOYMENT EXAMINATION
  - V70.5 5 DURING DEPLOYMENT EXAMINATION
  - V70.5 6 POST-DEPLOYMENT EXAMINATION
  - V70.5 D PRE-DEPLOYMENT ASSESSMENT: DOCUMENTED ON DD2795
  - V70.5 E INITIAL POST-DEPLOYMENT ASSESSMENT: DOCUMENTED ON DD2796
  - V70.5 F POST DEPLOYMENT HEALTH REASSESSMENT (PDHRA): DOCUMENTED ON DD2900
  - V70.5 G GWOT/WOUNDED WAR EXAM
- **Encounter Disposition (Inpatient Services and Ambulatory Disposition**

**\*Additional coded data elements included in the Comprehensive Ambulatory/Professional Encounter Record (CAPER) Re-Designed SADR**



# Encounter Data Capture

SNNNNNNNN, NNNNNN NNNNN	ADM Patient Encounter 01/800-00-0000			DATA FROM CHCSII AGE: 6m
Appt Date/Time : 16 Feb 2011@0830	Type: WELL	Status: KEPT		
Clinic: CHC-TEAM CONFIDENCE	MEPRS: BGAI	Injury/Accident Related: No		
In/Outpatient: Outpatient	PPV: No	Pregnancy Related: No		
Appt Provider: CASH, DANIEL GLEN	Appt Prov Taxonomy: 207Q00000X			
Appt HCP Role: 1 ATTENDING				
Additional Providers: Yes				
Disposition: RELEASED W/O LIMITATIONS				
ICD-9	Dx Description			
V20.2	ROUTINE INFANT OR CHILD HEALTH			
V06.9	NEED PROPHYLACTIC VACCINATION			
V03.82	PROPHY VAC AGNST STREPT PNEUMO			
V04.89	NEED PROPH VACC&INOC OTH VIR			
Chief Complaint: V20.2		ROUTINE INFANT OR		

- Key Appointment (Visit) data obtained from CHCS Patient Appointment Scheduling (PAS)
- Only “Encounter” related data elements can be updated in ADM
- Visit and Workload data must be updated in CHCS PAS/MCP
- ADM displays CHCS II (AHLTA) as the source of the Encounter Coding
- Changes made in ADM do not update AHLTA



# Additional Providers

ADM Patient Encounter - Additional Providers					
SNNNNNNNN, NNNNNN NNNNN		01/800-00-0000		AGE: 6m	
Appt Date/Time : 16 Feb 2011@0830		Type: WELL		Status: KEPT	
Clinic: CHC-TEAM CONFIDENCE			MEPRS : BGAI		
=====		=====		=====	
Additional Providers		Order Role		Taxonomy Code	
CASH, DANIEL GLEN		1	1	ATTENDING	207Q00000X
GIORDANO, ANGELA M		2	4	NURSE	163W00000X



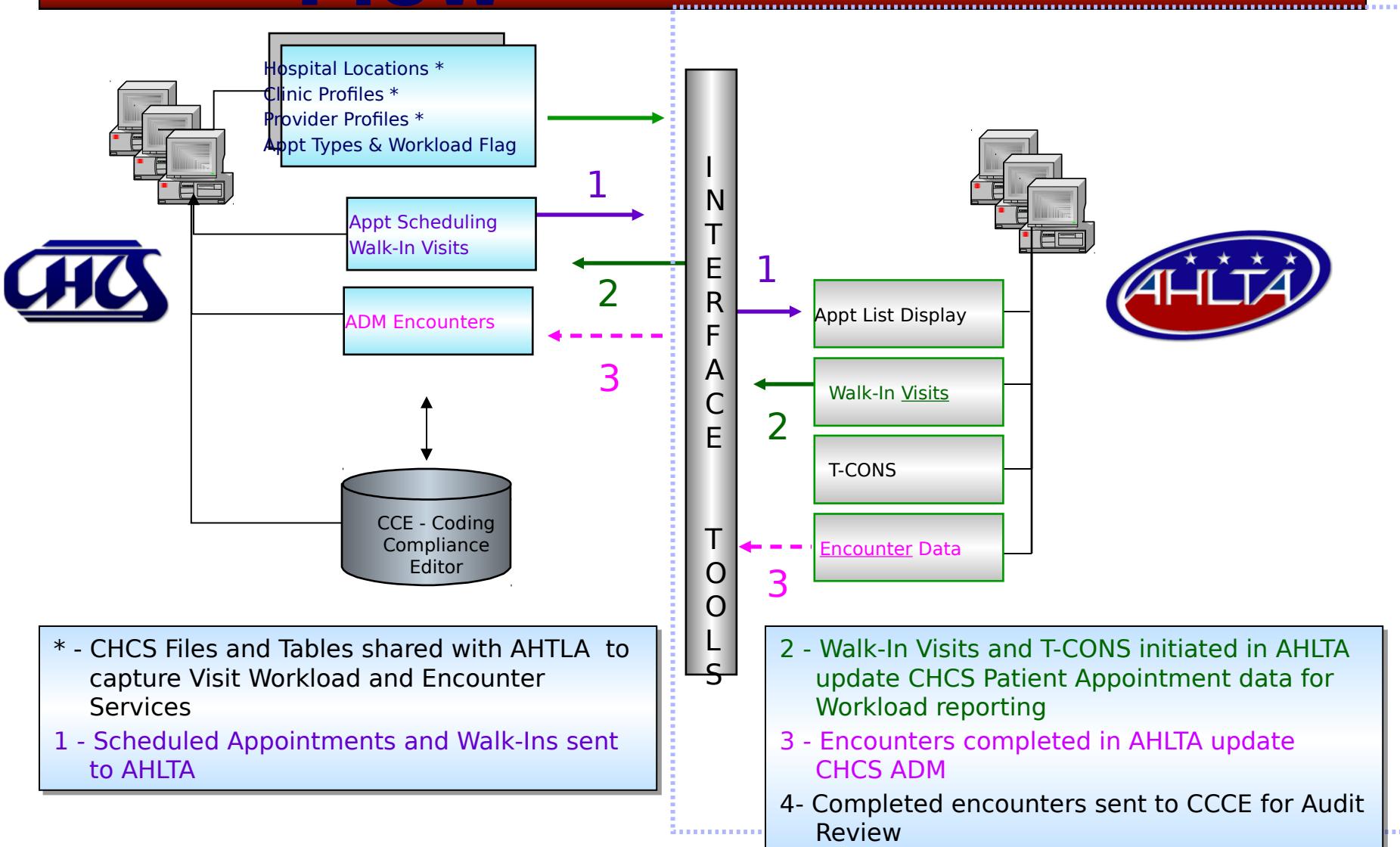
# Additional Coding Details

ADM Patient Encounter - CPT/HCPCS Code Enter/Edit							
SNNNNNNNN, NNNNNN NNNNN		01/800-00-0000		AGE:6m			
Appt Date/Time : 16 Feb 2011@0830		Type: WELL		Status: KEPT			
Clinic: CHC-TEAM CONFIDENCE							
ICD-9	Dx Description		Priority				
V20.2	ROUTINE INFANT OR CHILD HEALTH		1				
V06.9	NEED PROPHYLACTIC VACCINATION		2				
V03.82	PROPHY VAC AGNST STREPT PNEUMO		3				
V04.89	NEED PROPH VACC&INOC OTH VIR		4				
Dx Lvl							
CPT/HCPCS Description		1-4	Mod1	Mod2	Mod3 HCP Units		
90472	IMMUNIZATION ADMIN;EA ADD VACC	23			12 1		
90698	DTAP-HIB-IPV VACCINE, IM USE	2			12 1		
90670	PNEUM CON VACC,13 VAL,INTRAMUS	3			12 1		
90473	IMMUNIZ ADM INTRANAS/ORAL	4			12 1		
90680	ROTAVIR VACC,3 DOS SCH	4			12 1		
		2			12 1		
		3			12 1		
		4			12 1		
		4			12 1		
		4			12 1		

- Links Dx Levels to CPT Coded Procedures
- Identifies Procedure Provider
- Captures Modifiers and Units of Service
- Units of Service used as a multiplier for Enhanced RVU calculations and Billing



# Visit/Encounter Data Flow





# Encounter Data Flow

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- **CHCS-ADM serves as the local MTF operational data store for Ambulatory and Inpatient Professional Services based on:**
  - Clinical Encounter data entered directly into ADM
  - “Written Back” from Signed (Completed) AHLTA Encounter Notes
    - ADM can be used to update Encounter Coding - BUT!!! ADM does not update AHLTA
  - Updated from the Coding Compliance Editor (CCE)
    - CCE can be used to update Encounter Coding, but CCE does not update AHLTA
- **Prepares daily batch data extract files:**
  - Standard Ambulatory Data Record (SADR)
  - Comprehensive Ambulatory and Professional Services Record (CAPER) also known as the “SADR Re-Design”
  - Coding Compliance Editor (CCE) Extract
  - Billing data extracts for:
    - Medical Services Accounting (MSA)
    - Third Party Outpatient Collections System (TPOCS)



# Encounter Data Extracts

DATA ELEMENT	SADR	CAPER	BILLING
<b>HIPAA standard data elements:</b> Injury Related Cause Codes Geographic Location of Injury (Motor Vehicle Accidents) Pregnancy Related (and associated elements) HIPAA Provider Taxonomy	No No No Yes	Yes Yes No Yes	Yes Yes Yes Yes
<b>ICD-9 Diagnosis Code (1-4)</b>	Yes	Yes	Yes
<b>ICD-9 Diagnosis Code (5-10)</b>	No	Yes	Yes
<b>Diagnosis Code Priority (Links Procedure to Dx 1, 2, 3 and/or 4)</b>	Yes	Yes	Yes
<b>CPT/HCPCS Codes 1-4</b>	Yes	Yes	Yes
<b>CPT /HCPCS Codes 5+</b>	No	Yes	Yes
<b>CPT/HCPCS Code Units of Service (per CPT Code)</b>	No	Yes	Yes
<b>CPT/HCPCS Code Modifiers (up to 3 - per CPT Code)</b>	No	Yes	Yes
<b>E&amp;M (CPT) Code</b>	Yes	Yes	Yes
<b>Additional E&amp;M Codes (up to 2 Additional E&amp;M Codes)</b>	No	Yes	Yes
<b>Additional Secondary Providers</b>	Yes	Yes	
<b>Workload Flag (COUNT or NON-COUNT)</b>	No	Yes	N/A
<b>Source System Indicator (ADM or CHCS II)</b>	Yes	Yes	N/A



# Data Extract Processing

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- **The SADR/CAPER is a daily batch extract ASCII (Text) File for each MTF DMIS ID that contains patient level data for:**
  - Ambulatory Clinic Encounters
  - Ambulatory Procedure Visits (APV) Encounters
  - Inpatient Consults (Not associated with the Attending Clinical Service)
  - Inpatient Attending Provider Professional Services (IPSR-RNDS\*)
- **The SADR Nightly Process is scheduled in CHCS to run at ~2030 - 2130 each night:**
  - Includes ADM & AHLTA completed encounters
  - Includes ADM updates and updates received from AHLTA and CCE
- **Following the SADR Nightly Process, billable encounter services (that met the 3 Day Billing “Hold”) and CCE Review/Release to Billing, are sent by CHCS to:**
  - CHCS Medical Services Accounting (MSA)



# SADR/CAPER Transmission

## Divisions Producing SADR and TPOCS Data Extracts

Division	TPOCS	DMIS ID	Group	DMIS ID
WOMACK AMC FT BRAGG NC	Yes	0089	0089	
POPE HEALTH CLINIC	Yes	0634	0089	
ROBINSON HEALTH CLINIC	Yes	7143	0089	
USAOHC FT. BRAGG	Yes	0570	0089	
OCC HLTH NSG, SUNNY POINT	Yes	0576	0089	
FT BRAGG MCSC CONTRACTOR PCM	Yes	8009	6902	
JOEL AHC - FT. BRAGG	Yes	7286	0089	
CLARK HEALTH CLINIC	Yes	7294	0089	

ICD-9 Download Year: 2010

CPT-4 Download Year: 2010

- The ADM System Manager Menu controls which MTF Divisions on the CHCS Host Platform will produce a SADR and Billing Extract File
- When a new DMIS (Division) is added, the SADR Extract status must also be set
- The SADR Nightly Task will create a SADR Extract File for each DMIS (Division) listed



# Coding Compliance

- **Timeliness is a key element of Data Quality**

DQMCRL B. 6. a)

- a) **What percentage of Outpatient Encounters, other than APVs, has been coded within 3 business days of the encounter?**
- b) **What percentage of APVs have been coded within 15 calendar days of the encounter?**

- **Ambulatory Encounter Compliance is based Business Days elapsed from the Date of the Encounter, until the record is Complete**
- **APV Compliance is based on Calendar Days**
- **AHLTA/ADM “Write-Back” errors have impacted Coding Compliance measures - Most issues now resolved**
  - Specific Clinics and/or Providers can also be impacted to different degrees, particularly when there are issues with the Local Cache Server Synch Manager or Providers continue to use obsolete ICD-9 and CPT Codes



# ADM Reports Menu

- **From your CHCS Main Menu:**
  - Type “ADS” to access the Ambulatory Data Module (ADM)
  - ADM is a Secondary Menu Option
  - CHCS Secondary Menus allow access across CHCS Sub-Systems

STYL	User Prompt Style
1	Appointments with No ADM Records by Clinic
2	ADM Patients with 3rd Party Insurance
3	<b>ADM Compliance Report</b>
4	ADM Records with Unresolved Coding Issues
5	Interface Transmission Status of ADM Record
6	Encounter Summary Report by Clinic/Provider
7	For Clinic Use Only Report
8	Encounter Specific Code Report by Clinic/Provider
9	Top Number Encounter Report
10	Appointment/Encounter Count Report
11	Patient Encounter Records Report

- **Reports status Encounter Coding Completion By Provider and Clinic**
- **Log Status of AHLTA Degrades, Fail-Overs and/or Down-Times that may impact Coding Completion/Compliance**



# Compliance Report # 3

```
Select PAD System Menu Option: ADS  Ambulatory Data Module
Select Ambulatory Data Module Option: 2  Ambulatory Data Reports
Select Ambulatory Data Reports Option: 3  ADM Compliance Report
Select (D)MIS ID, (U)ser current division as filtering type or (Q)uit: U// D
Select (O)ne, (M)ultiple, (A)ll DMIS ID or (Q)uit: A// 0
Select DMIS ID: 0089  0089      WOMACK AMC
Select (C)linic, (P)rovider as primary sort or (Q)uit: C// C
Select (O)ne, (M)ultiple, (A)ll ADM clinics or (Q)uit: A// A
Summarize by provider (Y)es, (N)o, or (Q)uit: Y// N ←
Select (D)MIS, (M)EPR, (C)linic clinic sort order or (Q)uit: C// ←
Select (O)ne, (M)ultiple, (A)ll appointment status or (Q)uit: A// M ←
Include inpatient admitted by another service (Y)es, (N)o, or (Q)uit: Y// Y
Select (C)ount, (N)on-Count, (E)rror non-count, (B)oth as workload type
      or (Q)uit: B// B
Select (M)onth and year, (S)pecific start and stop as date range or (Q)uit: S// M
Enter Month & Year: Jan 2010//  (Jan 2010)
Do you want to proceed with this report? No// Y
Select DEVICE: Q
Select DEVICE: SPOOL
Name File beginning with your Initials  CCC ADM COMP JAN10
```

- Choose One, Multiple or All DMIS
- Choose "No" to Summarize by Provider for Summary Report
- Choose Multiple for Appt Status to include only KEPT, WALK-IN & S-CALL
- Enter Q to Queue the Report Task
- Enter SPOOL to save the report to a Text File in CHCS (Capture and/or Print)



# Capture Text->Import Excel

20 Apr 2010@0854

For Official Use Only  
Ambulatory Data Module

Page 1

## ADM Compliance Report by Clinic From: Mar 2010 Thru: Mar 2010

Clinic	PAS Total	Complete ADM Total	Incomplete ADM Total	% Compliance
<hr/>				
0089 BABA ALLERGY	789	767	22	97
0089 BCBA ANTE-PARTUM IN L&D	968	957	11	99
0089 BCB5 APU OB/GYN	86	86	0	100
5450 BAGM APV-GASTRO MOORE REG	1	0	1	0
0089 BFFA ASAP-82ND	470	464	6	99
0089 BFFA ASAP-CLARK	421	421	0	100
0089 BFFA ASAP-JOEL	602	602	0	100
0089 BHDA AUDIOLOGY	146	146	0	100
7286 BHDN AUDIOLOGY-JOEL CLINIC	23	23	0	100
0089 BBAA BARIATRIC SURGERY	218	218	0	100
0089 BFBA BIOFEEDBACK	65	63	2	97
0089 BBAA BREAST HEALTH CLINIC	183	182	1	99
0089 BACA CARDIOLOGY	649	631	18	97
0089 BAC5 CARDIOLOGY APV	7	7	0	100

- Report Run Monthly by ADM System Administrator and Clinical Data Services
- Imported into Excel and matched with M2 encounters



# Daily Compliance Reporting

**Subject:** ADM Compliance Reports for 14 & 15 Feb 11 (UNCLASSIFIED)

**Classification:** UNCLASSIFIED

**Caveats:** FOUO

1. ADM compliance rate for 14 Feb: 96.53% with 172 outpatient encounters open (noncompliant - close ASAP). See attached reports, AdmOpen, for open encounters by provider.

Highest number of open encounters:

BBAA GEN SURG CLNS	<u>35</u>
BALA OP NUTR	<u>25 (SAME AS YESTERDAY'S REPROT)</u>
BGAR RHC	<u>23</u>
BEAA ORTHOPEDICS	<u>12 (SAME AS YESTERDAY'S REPROT)</u>

2. ADM compliance rate for 15 Feb: 95.20% with 240 outpatient encounters open (must be closed by COB).

Highest number of open encounters:

BBAA CEN SURG CLNS	<u>39</u>
BEAA ORTHOPEDICS	<u>21</u>
BBFA ENT	<u>14</u>
BGAR RHC	<u>12</u>

3. Reports are completed for each workday (excluding Saturdays/Sundays/Federal Holidays) for KEPT, S-CALL & WALK-IN appointments -- does not include APVs, APUs, OBSs, T-CONS & IBWAs. IAW MEDCOM/MEDCEN policy one hundred percent (100%) of outpatient encounters (excluding APVs, APUs, OBSs & IBWAs) must be completed within three (3) business days of the encounter.

- **Prepared by Clinical Operations Division**
- **Daily @ 0600**
- **Sent to all Departments**



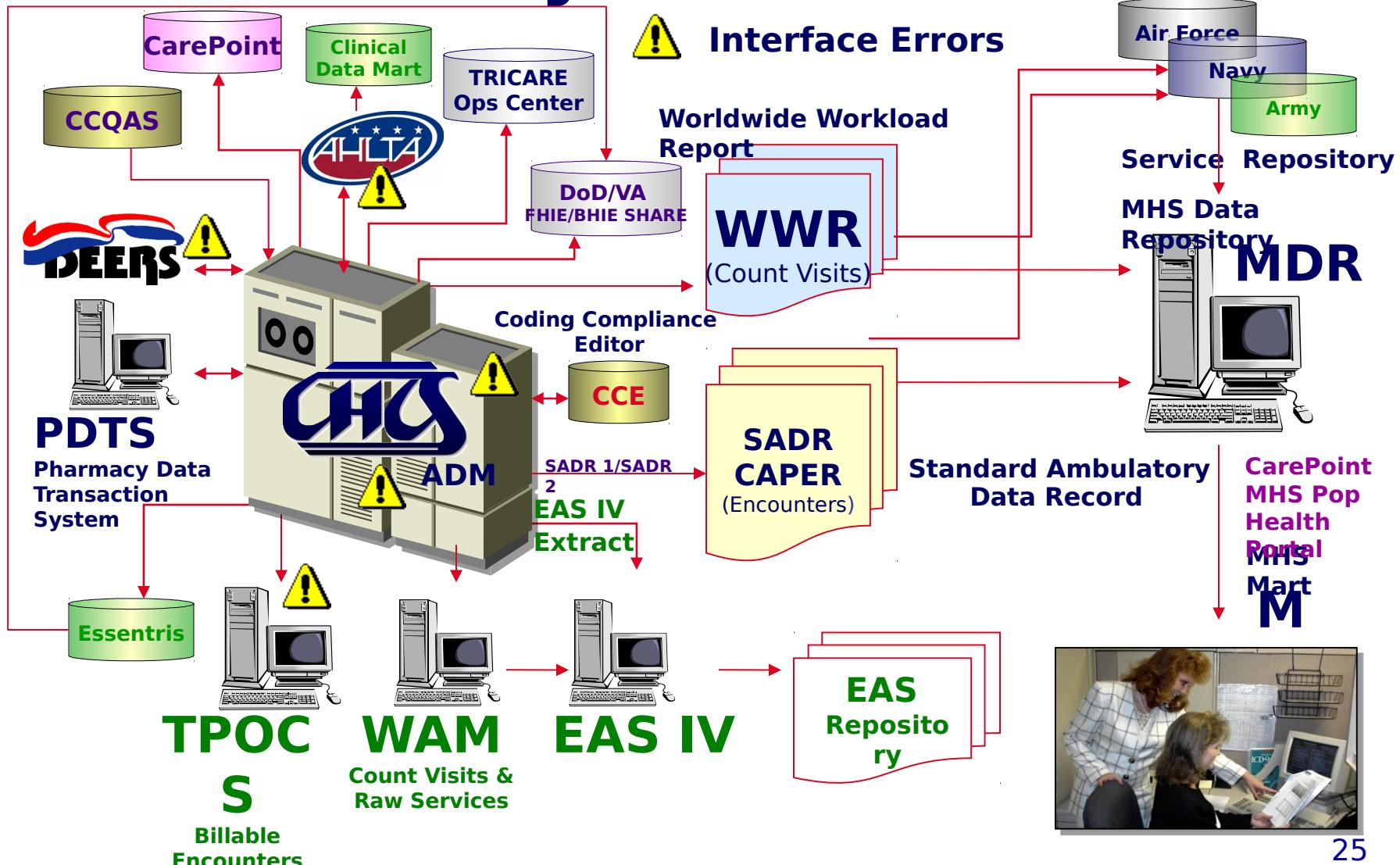
# Close Days Measure

ADM CLOSE DAYS		ADM OPEN DAY										
CLINIC	CASE MANAGEMENT NON-GWOT	<0	0-1	1-2	2-3	3-4	4-5	5-6	6-7	7-8	8-9	10-11
ICD-9 Dx1	(Multiple Items)											
MONTH	Jan-11											
1/3/2011	KEPT			19	10	1	1	2				
1/4/2011	KEPT			35	26	11	6					
1/5/2011	KEPT		1	25	14	12			1	1		
1/6/2011	KEPT			29	21		1		5	2		
1/11/2011	KEPT					1						
1/7/2011	KEPT			39		2	2	8	5	3		
	TEL-CON											
1/10/2011	KEPT		2			1	1					
1/12/2011	KEPT		43	16				4	3	1		
	TEL-CON		1									
1/13/2011	KEPT			33	11		5	5	2	3	1	
	TEL-CON			1								
1/27/2011	KEPT		1	54	8		5	9	2	1	3	
1/14/2011	KEPT			12			1	5	1			
1/18/2011	KEPT			40	13	12	6		6		1	
1/20/2011	KEPT			46	17		8	9	3			
1/19/2011	KEPT			29	15	9	2	4				
1/24/2011	KEPT			68	16	17	4					
1/21/2011	KEPT				27		15	7	1	1	1	
1/26/2011	KEPT				31	19	6	4	1	1		
1/25/2011	KEPT				51	20	10	12				
1/31/2011	KEPT				53	31	19	9				
1/28/2011	KEPT				38		4	21	9			
	TEL-CON				1			1				
Grand Total		2	676	238	105	92	53	29	24	13	3	
											1	

- Calculate difference between DATE LAST EDITTED-Date of Service
- Completed Encounters must have at least 1 ICD-9 Code



# Data, Data Everywhere...





# Interface Error Reports

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## 1. AHLTA/ADM Write-Back Error Report (AHLTA Server)

- Coordinate with your AHLTA System Admin to run the report
- ASCII File of AHLTA Write-Back errors (Easily imported into Excel):
  - AHLTA encounter not accepted or received by ADM
  - SADR/CAPER not created
  - Encounter not sent to TPOCS, CCE or EAS
  - Impacts 3-Day Coding Compliance
  - Not all AHLTA WB Errors appear on the AHLTA/ADM Write Back Error Report
  - Some Encounters may have multiple Error conditions

## 2. ADM Interface Status of ADM Records Report (ADM Report)

- CHCS ADM Menu Option Report #5
- **Errors** – Encounter failed SADR edits – Not sent in SADR or to CCE

## 3. ADM SADR Error/Warning Report (ADM Sys Mgr Report)

- Errors listed will prevent a SADR from being created
- Warnings will still be included in the SADR

## 4. CCE Detailed Interface Error Report (ADM Sys Mgr Report)

- CHCS Menu Option within ADM System Manager Menu Option
- Report of CCE functional errors
- ADM not updated to generate updated SADR
- Billable encounters not available to submit for billing



# Write-Back Error Report

ADM Write Back Errors					
		Mar-10			
Count of APPT IEN		Years		APPOINTMENT DATE	
		2010			
APPT TYPE		Jan		Feb	
ACUT		Mar		Grand Total	
ACUT		1		24	
ACUT		2		2	
ACUT		1		1	
ACUT Total		1		27	
ACUT\$		2		2	
ACUT\$ Total		2		2	
EROOM		1		1	
EROOM		1		1	
EROOM Total		1		1	
EST		2		5 199	
EST		3		3	
EST		1		1	
EST Total		2		5 203	
EST\$		14		14	
EST\$ Total		14		14	
ROUT		30		30	
ROUT		1		1	
ROUT		3		3	
ROUT Total		34		34	
ROUT\$		1		1	
ROUT\$ Total		1		64	
SPEC		1		1	
SPEC		65		65	
SPEC Total		2		2	
WELL		2		2	
WELL Total		2		358	
Grand Total					

- Report run from the AHLTA Local Cache Server
- Providers/Staff must update AHLTA Favorites Lists and Personal Templates to the new ICD/CPT Codes
- Encounters completed for “BTST” or “QQQ” (Test Patients) are not written back
- At least 1 ICD-9 Diagnosis Code must be present
- Some encounters may have more than one error condition
- Errors resolved in CHCS ADM will still appear on the /



# SADR Error/Warning Report

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- **Menu Path:**
  - ADM Main Menu
  - #4 Ambulatory Data Collection Manager Menu
  - #6 ADM Data Extract Error Menu
  - #2 ADM SADR Error Report
- **Errors** listed will prevent a SADR from being created
- Warnings will still be in the SADR





# 209 Errors

## ADS INTERFACE ERROR/WARNING REPORT 23 Apr 2010@1247

17 Apr 2010 - 23 Apr 2010@2400 Page 1

CLINIC	PATIENT	APPT DATE/TIME	PROVIDER
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EFMP-PEDIATRICS PATIENT NAME 19 Apr 2010@1324 PROVIDER,SSSSSS

**ERR: 209** Appt\_status not SADR/CAPER eligible.

EFMP-PEDIATRICS PATIENT NAME 19 Apr 2010@1325 PROVIDER,SSSSSS

**ERR: 209** Appt\_status not SADR/CAPER eligible.

OUTPT NUTRITION CLIN PATIENT NAME 20 Apr 2010@1300 PROVIDER,VVVVVV

**ERR: 209** Appt\_status not SADR/CAPER eligible.

WFM-TEAM INTEGRITY PATIENT NAME 20 Apr 2010@1550 PROVIDER,KKKKKKKK

**ERR: 209** Appt\_status not SADR/CAPER eligible.

ASAP-JOEL PATIENT NAME 22 Apr 2010@1030 PROVIDER,AAAAAA

**ERR: 209** Appt\_status not SADR/CAPER eligible.

ASAP-JOEL PATIENT NAME 22 Apr 2010@1030 PROVIDER,DDDDDDDD

**ERR: 209** Appt\_status not SADR/CAPER eligible.





# What Happened ??

- AHLTA User updated the Appt Status to No-Show or Cancel after the initial SADR created
- CHCS later changed the status to **ADMIN**
- When the Appt Status between AHLTA and CHCS does not match, an ADM 209 Error is reported and a SADR is not created
- CHCS Appointment Audit File captured the updates....

CHCS APPOINTMENT AUDIT			
Many of the 209 errors are caused by this:			
07 Oct 2009@0830 PSYCHOLOGY-JOEL PROVIDER,DDDDDDDD			
1 STAFF,CHARLES	10 Sep 2009@1511	PENDING	
2 MIDTIER,BRAGG	07 Oct 2009@0954	NO-SHOW	
3 STAFF,CHRISTY	08 Oct 2009@0911	<b>ADMIN</b>	
-----			
02 Oct 2009@1500 MEN HLTH /RHC PROVIDER,00000000			
1 STAFF,TONYA	23 Sep 2009@1133	PENDING	
2 MIDTIER,BRAGG	25 Sep 2009@1031	CANCEL	
3 STAFF,TONYA	01 Oct 2009@1205	<b>ADMIN</b>	
-----			
01 Oct 2009@0900 NEUROLOGY CLINIC PROVIDER,LLLLLLLL			
1 STAFF,JAKE B	28 Sep 2009@0845	PENDING	
2 MIDTIER,BRAGG	30 Sep 2009@1509	CANCEL	
3 STAFF,JAKE1	Oct 2009@0747	<b>ADMIN</b>	



# Process Rules !!!

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- **Update Appointment Status in AHLTA:**

- Checked-In (except for ER Arrivals which are entered into CHCS)
- No-Show
- Cancelled (By Patient or MTF)
- LWOBS

- **AHLTA will update the Appointment Status in CHCS**

- **Updating the Appt Status in CHCS can result in errors, when the Status in CHCS is different than in AHTLA**

- **Changing the Appt Status to ADMIN in CHCS, is risky even to address “Duplicate” Visits**

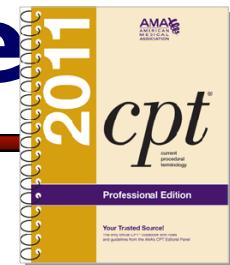
- **T-CONS created in AHTLA, will initially show as OCC-SVC**

- **T-CONS transferred in AHTLA to other Providers will show in CHCS as assigned to the initial Provider assigned**

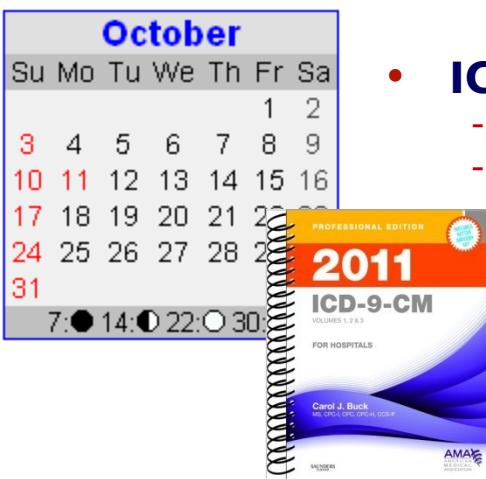
- **T-CONS initiated in AHTLA should be Completed or Cancelled in AHTLA - Do Not use the ADMIN function in CHCS**



# Coding Table Update



- **CPT/HCPCS - Updated per Calendar Year**
  - **Effective 1 Jan**
  - MTF updates synchronized for AHLTA, CHCS and CCE
  - CPT/HCPCS automatically sent to TPOCS from CHCS
  - Use CHCS or M2 to identify Obsolete Codes used - to identify impact and reduce “Obsolete” ICD-9 Code Write-Back errors
  - Coordinate with Ancillary Areas (LAB/RAD) to update CHCS LAB/RAD Site Defined files and Radiology Procedure Groups



- **ICD-9 - Updated per Fiscal Year**
  - **Effective 1 Oct**
  - MTF updates must be coordinated for AHLTA, CHCS, CCE and TPOCS

Use CHCS or M2 to identify obsolete codes used - to identify impact and reduce “Obsolete” coding AHLTA Write Back errors

**CHCS-ADM has been changed to support ICD-9 and CPT Coding validation, based on Date of Service - needed for Billing and CCE encounter coding updates**



# The “99499” Placeholder

- **June 2005:**

- E&M Code became optional for APV and encounters when at least 1 CPT/HCPCS Code was entered
- E&M Code was no longer required for NON-COUNT Visits
  - Remember! – IPSR RNDS\* are NON-COUNT Visits
- TPOCS still requires the “99499” Placeholder

**Current recommendation:**

**Continue to enter the “99499” E&M Code Placeholder  
in ADM**



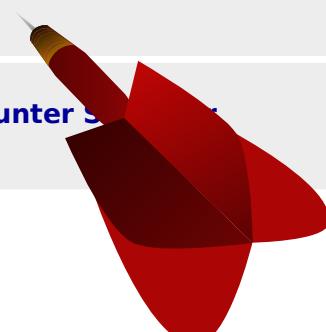
## Data Quality Screener Tools

REPORT	DESCRIPTION	LINK
Allied & Mental Health Penalty	<b>Allied &amp; Mental Health Encounters with invalid Coding resulting in PBAM Penalties</b> • Data Source: CHCS Encounter Detail Query	<a href="#">Allied &amp; Mental Health Penalty Report</a>
RN Scope of Practice	<b>RN Encounters with invalid E&amp;M Coding resulting in Overstated RVU and documentation of Independent Practice</b> • Data Source: CHCS Encounter Detail Query	<a href="#">RN Scope of Practice</a>
No RVU Value Encounters	<b>Encounters that will result in Zero RVU, due to 99499 or Null E&amp;M Codes and No CPT Codes for the Procedure/Services provided</b> • Data Source: CHCS Encounter Detail Query	<a href="#">No RVU Value Encounters</a>
Encounters with Admin Coding	<b>Clinical Encounters with Administrative Dx Coding</b> • Data Source: CHCS Encounter Detail Query	<a href="#">V68.89 Review</a>
DEM MIA Encounters	<b>Encounters with invalid E&amp;M Codes or MSA as HCP Seen</b> • Data Source: CHCS Encounter Detail Query	<a href="#">DEM MIA Encounter Summary</a>



Back

Use the Internet Back Button  
Return to the Main Data Page





# Allied & Mental Health

FY-11 AH, MH and DSW Coding Penalty						
As of 22 Feb @ 0600						
Source: CHCS Enctr Detail Query						
Current Errors DEPT List						
Error Count	MONTH					
DEPT	Oct-10	Nov-10	Dec-10	Jan-11	Feb-11	Grand Total
ASAP		2	3			5
DO&R		1			11	12
DOBH		2	21	41	35	99
DOPM	1	1				2
DOS		2		2	2	6
DSWS				3	19	22
OPTO	12	9		6	2	29
Grand Total	13	17	24	52	69	175

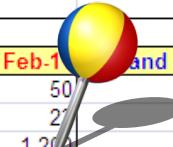
**Allied & Mental Health Evaluation & Management**  
**Mis-coding results in overstated RVU**



# 99499 - No CPT Code

FY-11 DEPT 99499 - NO CPT-1					
As of 22 Feb @ 0800					
* Excludes T-CONS					
Both 99499 & Null E&M					
Refreshed: Dec-Jan-Feb					
Providers					
EM_CODE	(All)				
WORKLOAD	(All)				
HCFA-PEC	(Multiple Items)				
IC-SYS	(All)				
Count	MONTH		Grand Total		
DEPT	Dec-10	Jan-11	Feb-11	Grand Total	
ASAP	10	24	50	84	
CHC	35	19	21	77	
DEM	484	529	1,200	2,213	
DO&R	92	92	75	259	
DOBH	64	116	540	720	
DODH	92	181	118	391	
DOM	190	177	44	411	
DOPM	72	92	139	303	
DOS	61	98	71	230	
DSWS	144	184	113	441	
JHC	14	33	10	57	
NCD	8	2	5	15	
OB/GYN	125	237	138	500	
OPTO	7	9	12	28	
PEDS	241	244	165	650	
PHC	24	24	5	53	
RHC	50	33	20	103	
WFMRC	79	105	87	271	
WTB	5	1		6	
Grand Total	1,797	2,200	2,815	6,812	

Check for BOTH 99499 and  
Blank E&M for KEPT, WALK-  
IN & S-Call Visits





# RN/LPN Mis-Coded

## FY11 RN MIS-CODED TRACKER

As of 22 Feb 2011

Only Valid Codes are 99499 & 99211

MONTH	Jan-11	% T-CONS	42.9%								
Count	EM_CODE										
DEPT	99212	99213	99214	99215	99391	99392	99395	99396	99397	99441	Grand Total
CHC		1					3			28	32
DMM					1						1
DODH		8									8
DOM		2									2
DOS			1								1
JHC			4							11	15
OB/GYN		4	5	7	9			2	2	2	31
PEDS		1	11	1		2	4			10	29
Grand Total	15	22	8	10	2	4	3	2	2	51	119



## Notes:

- Head RNs and Clinic Administrators notified of RN Mis-Coded Encounters.
- Coders, Staff and AHTLA Trainers support Staff Training and Coding Corrections

Source: CHCS-ADM Encounter Detail Query



# ADM Summary

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- Identify one DQ Area to focus on the “Margin of Difference”:
  - Units of Service for Time-Based and Unit-Based Services
  - RN/Tech Scope of Practice
  - Allied and Mental Health Encounter Coding to prevent over-stated RVU
  - Encounters closed with Administrative ICD-9 Dx
  - Encounters closed with a Placeholder E&M Code and No CPT Coded services
  - Encounter completion compliance



# Questions?

